
ADULT TACHYCARDIAS

STABLE TACHYCARDIAS

FIELD ASSESSMENT/TREATMENT INDICATORS

Heart rate >150.

Minimal or no symptoms of poor perfusion.

BLS INTERVENTIONS

1. Recognition of heart rate >150
2. Reduce anxiety, allow patient to assume position of comfort
3. Administer oxygen as clinically indicated
4. Consider transport to closest hospital or ALS intercept

ALS INTERVENTIONS

Determine cardiac rhythm, establish vascular access, if indicated, and proceed to appropriate intervention

Narrow Complex Tachycardias

1. Valsalva/vagal maneuvers
2. Adenosine 6mg rapid IV push, followed by 20cc NS, may repeat x2 at 12mg followed by 20ml NS, if no conversion
3. Consider Verapamil 5mg slowly IV over 3 minutes
4. If arrhythmia is unresolved, go to unstable interventions

V-Tach or Wide Complex Tachycardias (Intermittent or Sustained)

1. Procainamide 20mg/min IV, may repeat until arrhythmia suppressed, symptomatic hypotension, QRS widens by >50% or maximum dose of 17mg/kg given. If arrhythmia suppressed, begin infusion of 2mg/min.
2. If Procainamide administration is contraindicated, consider Lidocaine 1mg/kg slow IV may repeat @ 0.5mg/kg every 10 minutes until maximum dose of 3mg/kg given and initiate infusion of 2mg/min.
3. Magnesium 2gms in 100ml NS infuse over 5 minutes for Torsades de Pointe
4. Consider Adenosine administration, if arrhythmia is suspected to be of supraventricular origin
5. If arrhythmia is unresolved, go to unstable interventions

Atrial Fib/Flutter

1. Transport to appropriate facility
2. If condition deteriorates, go to unstable interventions

UNSTABLE TACHYCARDIAS**FIELD ASSESSMENT/TREATMENT INDICATORS:**

Heart rate >150

Signs and symptoms of poor perfusion

BLS INTERVENTIONS

1. Recognition of heart rate >150
2. Reduce anxiety, allow patient to assume position of comfort
3. Administer oxygen as clinically indicated
4. Consider transport to closest hospital or ALS intercept

ALS INTERVENTIONS

1. Determine cardiac rhythm and proceed to appropriate intervention
2. Initiate NS bolus of 300ml IV

Narrow Complex

1. Synchronized Cardioversion; refer to Protocol Reference #4019
2. Adenosine 6mg rapid IV push, followed by 20cc NS, may repeat x2 at 12mg followed by 20cc NS, if no conversion
3. Procainamide 20mg/min IV, may repeat until arrhythmia suppressed, symptomatic hypotension, QRS widens by >50% or maximum dose of 17mg/kg given. If arrhythmia suppressed, begin infusion of 2mg/min.
4. Contact Base Hospital


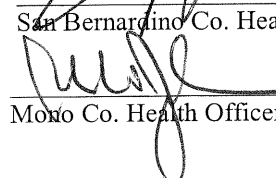
V-Tach or Wide Complex Tachycardias (sustained)

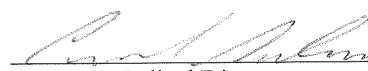

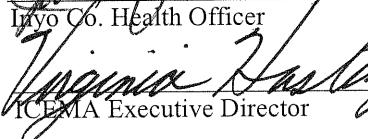
1. Precordial thump for witnessed spontaneous Ventricular Tachycardia
2. Synchronized Cardioversion; refer to Protocol Reference #4019
3. If arrhythmia suppressed, or Cardioversion unsuccessful, administer Lidocaine 1mg/kg slow IV, may repeat @ 0.5mg/kg every 10 minutes until maximum dose of 3mg/kg is given, then initiate infusion at 2mg/min.
4. Contact Base Hospital

Atrial Fib/Flutter

1. Synchronized Cardioversion; refer to Protocol Reference #4019
2. For Narrow Complex rhythm only, give Verapamil 5mg slow IV over 3 minutes. May repeat in 15 minutes at 10mg slow IV over 3 minutes
3. Procainamide 20mg/min IV, may repeat until arrhythmia suppressed, symptomatic hypotension, QRS widens by >50% or maximum dose of 17mg/kg given. If arrhythmia suppressed, begin infusion of 2mg/min.
4. Contact Base Hospital

APPROVED:


San Bernardino Co. Health Officer Date

Mono Co. Health Officer 3/24/06
Date


ICEMA Medical Director 2-28-06
Date

Inyo Co. Health Officer 3/16/06
Date

ICEMA Executive Director 3/23/06
Date